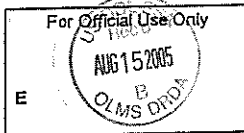


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7463</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>FRANK T. NARDUCCI</u> P.O. Box, Bldg., Room No., if any _____ Street <u>12275 TOWNSEND ROAD</u> City <u>PHILADELPHIA</u> State <u>PENNSYLVANIA</u> ZIP Code + 4 <u>19154</u>	3. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 837</u> Labor Organization File Number <u>062-580</u> P.O. Box, Building and Room Number, if any _____ Street <u>12275 TOWNSEND ROAD</u> City <u>PHILADELPHIA</u> State <u>PENNSYLVANIA</u> ZIP Code + 4 <u>19154</u>
5. Position in labor organization. <u>VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Frank T. Narducci On 8-11-05 Date 215-678-1060 Telephone Number

Name of Person Filing **FRANK T. NARDUCCI**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL 837 WELFARE FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 12275 TOWNSEND ROADCity PHILADELPHIAState PENNSYLVANIA ZIP Code + 4 19154

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

**TRUSTEE OF TEAMSTERS LOCAL 837  
WELFARE FUND (SEE ATTACHED)**

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

**VALUE OF MEAL PROVIDED AT SPECIAL  
MEETING TO DISCUSS WELFARE  
BENEFIT MODIFICATIONS.**12.b. Amount **\$123**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.a. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment. \_\_\_\_\_

**LM - 30 Attachment**

Name of Person Filing: Frank T. Narducci  
Ending Date of Report Period Covered: 12/31/2004  
LM 30 File Number: To be assigned

**LM-30 Item Numbers:**

8,9, 11a and 11b      Per direction provided by U.S. DOL OLMA, Part B includes reporting of transactions including reimbursements of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.

Name of Person Filing **FRANK T. NARDUCCI**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JENNINGS SIGMOND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any THE PENN MUTUAL TOWERSStreet 510 WALNUT STREETCity PHILADELPHIAState PENNSYLVANIA ZIP Code + 4 19154

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

**JENNINGS SIGMOND PROVIDES LEGAL SERVICES TO TEAMSTERS LOCAL 837.**11.b. Approximate dollar value of such dealing. \$6,000

12.a. Nature of interest held or income received.

**GIFT CARD.**12.b. Amount \$75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.a. Is the Business an Employer ☐ or Consultant ☐

14.b. Amount of payment. \_\_\_\_\_